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UTILITY PATENT APPLICATION **TRANSMITTAL**

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Attorney Docket No.		P-5314					
First Inventor		P. R. Suresh Samuel					
Title	Nee	dle Puller for Destroyign Hypodermic Needles					
Evares	Mail Label No	FI /160669991IS					

Only for new	nonprovisional applications under 37 CFR 1.53(b))	xpress ivia	ali Label No.	<u>E</u> .	L416966888US		
See MPEP	APPLICATION ELEMENTS chapter 600 concerning utility patent application cont	ents.	ADD	RESS TO: Box P.	tant Commissioner for Patents atent Application ington, D.C. 20231		
1. Fe	pplicant claims small entity status. ee 37 cFR 1.27.	.	8. Nucleotide	ROM or CD-R in omputer Program (A	duplicate, large table or	PTO 1	
3. Sp (p)	pecification [Total Pages pecification preferred arrangement set forth below] Descriptive title of the invention perference to Related Applications perference to Related Applications perference to sequence listing, a table, or a computer program listing appendix packground of the Invention	<u>)</u> J	a b. Sp	Computer Read ecification Sequenti. CD-ROM dil. paper	dable Form (CRF) ce Listing on: or CD-R (2 copies); or ifying identity of above c	11046 U.S.	
	Brief Summary of the Invention		ACCO	MPANYING A	PPLICATION PART	S	
4.	- Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113)						
under Box 5	UATION OR DIVISIONAL APPS only: The entire b, is considered a part of the disclosure of the a	eccompanyi	ing continuation	or divisional applica	ation and is hereby incorp	orated by	
reterence. Th	e incorporation can only be relied upon when a p			<u> </u>	submitted application parts	•	
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City			NEW JERSEY	Zip Code			
Country	U.S.A. Telep	phone 2	201-847-7111	Fa	x 201-848-9228		
Name Signat	(Print/Type) JOHNL. YOELIMICKE	L	Registrat	ion No. (Attorney/Age	. 30,540	$\overline{}$	

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FEE TRANSI	<u> </u>	Complete if Known					
		Application Number					
for FY 20	102	Filing Date					
		First Named Inventor	P. R. SURESH SAMUEL				
Patent fees are subject to annu	al revision.	Examiner Name					
		Group Art Unit					
TOTAL AMOUNT OF PAYMENT	\$1,070.00	Attorney Docket No.	P-5314				

METHOD OF PAYMENT	FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES							
Deposit	Large E Fee					n	Fee Paid	
Account Number 02-1666	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late	•		Tee Falu
Deposit Account BECTON, DICKINSON AND CO.	127	50	227					
Name		130	139	130	Non - English sp	ecification		
Under 37 CFR §§ 1.16 and 1 17	147	2,520	147	2,520	For filing a request for ex parte reexamination			
Applicant claims small entity status. See 37 CFR § 1 27	112	920*	112	920*	Requesting publ action			
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
Check Credit card Order Other	115	110	215	55	Extension for reply within first month			
FEE CALCULATION	116	400	216		Extension for reply within second month			
1. BASIC FILING FEE	117	920	217	460	Extension for reply within third month			
Large Entity Small Entity	118	1,440	218	720	Extension for reply within fourth month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,960	228		Extension for reply within fifth month			
101 740 201 370 Utility filing fee 740.00	119	320	219		Notice of Appeal			
106 330 206 165 Design filing fee	120	320	220	160	Filing a brief in support of an appeal			
107 510 207 255 Plant filing fee	121	280	221	140	Request for oral hearing			
108 740 208 370 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding			
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive - unavoidable			
SUBTOTAL (1) \$740.00	141	1,280	241	640	Petition to revive - unintentional			
O EVERA OLAHA EEEO	142	1,280	242	640	Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES Fee from	143	460	243	230	Design issue fee			
Extra Claims below Fee Paid	144	620	244	310	Plant issue fee			
Total Claims 29 -20** = 9 X 18.00 = 162.00 Independent 5 - 3** = 2 X 84.00 = 168.00 Claims		130	122	130	Petitions to the	Petitions to the Commissioner		
		50	123	50	Processing fee under 37 CFR § 1.17(q)			
Multiple Dependent = =		180	126	180	Submission of Information Disclosure Statement			
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each (times number of		gnment per property)	
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submiss (37 CFR § 1.12		al rejection	
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	For each addition	nal inventio	n to be examined	
109 84 209 42 ** Reissue independent claims	179	740	279	370			nination (RCE)	
over original patent	169	900	169	900			nination	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Oth	er fee ((specify)	of a design appl	ilication		
SUBTOTAL (2) \$330.00							L	
**or number previously paid, if greater; For Reissues, see above	*Re	duced l	oy Basi	c Filing	Fee Paid	SUBTO	TAL (3)	
SUBMITTED BY						Complete (f applicable)	
Name (Print/Type) JOHN L. VOELLMICKE			ation N y/Agent)		30,348	Telephone	201-847-	7111
Signature of L. Vorllmich						Date	FEB. 12, 20	002

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